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WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 6701

<b>SERIAL NUMBER</b> 10/004,062	<b>FILING DATE</b> 10/31/2001 <b>RULE</b>	<b>CLASS</b> 714 709	<b>GROUP ART UNIT</b> 2154	<b>ATTORNEY DOCKET NO.</b> 1662-41400 JMH (P01-3634)	
<b>APPLICANTS</b> Anthony G.J. Parsons, Roseville, AUSTRALIA; William R. Purvis, Residence Not Provided;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/28/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged Examiner's Signature: <i>Kama</i> Initials: <i>KA</i>					
<b>ADDRESS</b> HICKMAN PALERMO TRUNOG & BECKER LLP 1600 Willow Street San Jose, CA 95125-5106					
<b>TITLE</b> Enterprise management event message format					
<b>FILING FEE RECEIVED</b> 848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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<b>SERIAL NUMBER</b> 10/004,062	<b>FILING DATE</b> 10/31/2001 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2184	<b>ATTORNEY DOCKET NO.</b> 1662-41400 JMH (P01-3634)	
<b>APPLICANTS</b> Anthony G.J. Parsons, Roseville, AUSTRALIA; William R. Purvis, Residence Not Provided;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/28/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23505					
<b>TITLE</b> Enterprise management event message format					
<b>FILING FEE RECEIVED</b> 848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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